

DRAFT Instructions for Preparing the Mental Health Services Act Community Services and Supports Budget

Counties are required to complete the Mental Health Services Act (MHSA) Community Services and Supports Budget worksheet in order to obtain funding for services under the MHSA. Counties should also prepare a budget narrative that describes the line items in the budget, the approach used by the county to estimate the budget amounts, the source documents for the budget, and the specific start-up and one-time implementation costs identified on line C. The proposed budget and budget narrative should correlate to the narrative Community Services and Supports Program and Expenditure Plan prepared by each county (refer to Program and Expenditure Plan Requirements for Mental Health Services Act-Community Services and Supports). A separate budget worksheet and budget narrative should be prepared for each program the county is proposing under the MHSA (both new programs and expansion of existing programs) as well as each fiscal year from 2005-06 through 2007-08 the county proposes to operate the program. Below are the specific instructions for preparing the attached MHSA Community Services and Supports budget worksheet.

General Instructions:

Round all figures to the nearest whole dollar except for the proposed budget per member per month on line A6.

Enter proposed budget amounts separately for the County Mental Health Department, Other Governmental Agencies, and Community Mental Health Contract Providers in separate columns.

For expansion of an existing program, enter funding and revenues currently incurred as well as the proposed expansion of expenditures and revenues under the MHSA so that total program expenditures and revenues are included in the budget.

Counties will not be held to individual budget line items but to the overall budget. The individual line items will be used by the State Department of Mental Health to evaluate each county's proposed budget.

Heading Instructions:

Enter the county name or county names if multiple counties are proposing to operate the program jointly.

Enter the type of funding (Enrolled Member Services funding or System Capacity funding).

Enter the focus population to be served (Children/Youth, Transitional Age Youth, Adults, Older Adults).

Enter the name of the program that correlates with the Community Plan.

Enter the fiscal year for the budget.

Enter the date the budget worksheet is prepared. Revisions will be made to budget documents and maintaining the correct preparation date is critical for identifying the most recent budget submittal.

Enter the individual page number and total number of pages for all programs submitted by the county.

Indicate whether the program is a new program to be established with MHSA funds or an existing program to be expanded with MHSA funds.

Line Item Instructions:

A. EXPENDITURES

1. *Personnel Expenditures* - Personnel Expenditures should correlate with Exhibit 3 - Staffing Detail Worksheet prepared as part of the Community Plan. Identify proposed budgeted positions as either current existing positions (section a), redirected positions to be used to provide MHSA services (section b), new positions to provide MHSA services (section c), or consumer/family member positions (section d) based on the classifications used in Exhibit 3.

i. Number of FTEs - Enter the number of full-time equivalent (FTE) positions budgeted for this program. Included percentages when positions are split between programs. The number of FTEs in each section should correlate with Exhibit 3 - Staffing Detail Worksheet prepared as part of the Community Plan.

ii. Salaries and Wages - Enter budgeted County Mental Health Department, Other Governmental Agencies, and Community Mental Health Contract Provider salaries and wages that correlate to the number of FTEs on line i. On line d.ii, enter the total compensation budget for consumer and family member positions.

iii. Bi-Lingual Pay Supplement - Enter budgeted pay supplements to bi-lingual employees.

iv. Employee Benefits - Enter budgeted County Mental Health Department, Other Governmental Agencies, and Community Mental Health Contract Provider employee benefits. This includes FICA, medical and dental insurance, disability insurance, workers compensation insurance, retirement plan contributions, and other employee benefits.

v. Total is the sum of lines i through iv.

e. Total Personnel Expenditures is the sum of lines a.v, b.v, c.v, and d.ii.

2. *Operating Expenditures*

a. Professional Services - Enter budgeted amounts to be incurred for consulting, facilitation and other professional services.

b. Translation and Interpreter Services - Enter budgeted amounts to be incurred on translation and interpreter services.

c. Travel and Transportation - Enter budgeted amounts to be incurred for staff travel and transportation. This include hotels, mileage, meals, car rental, motor pool charges and other travel and transportation expenses.

d. General Office Expenditures - Enter budgeted amounts to be incurred for general office expenditures including postage, photocopy expenses, office supplies and other supplies.

e. Rent, Utilities and Equipment- Enter budgeted amounts to be incurred for rent, equipment and utilities including room rental for meetings, equipment rentals, telecommunication costs and utilities.

f. Other Operating Expenses- Enter any other budgeted operating expenditures not identified above.

g. Total is the sum of lines 2a through 2f.

3. *Support Expenditures*

a. Clothing - Enter budgeted amounts to be incurred on clothing for participants.

b. Food - Enter budgeted amounts to be incurred on food or food vouchers for participants.

c. Travel and Transportation - Enter budgeted amounts to be incurred in providing travel and transportation to participants and their family members. This includes budgeted amounts for mileage, meals and other transportation and travel expenses.

d. Housing - Master Leases - Enter budgeted amounts to be incurred in paying for housing master leases for participants.

e. Housing - Subsidies - Enter budgeted amounts to be incurred in providing housing subsidies for participants.

f. Housing - Motel Vouchers - Enter budgeted amounts to be incurred in providing hotel vouchers for participants.

g. Housing - Other - Enter budgeted amounts to be incurred in paying for any other housing expenditures not listed above for participants.

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- h. Other Vouchers - Enter budgeted amounts for vouchers not identified above as either food or housing provided to participants.
 - i. Other Support Expenditures - Enter other budgeted amounts to be incurred on behalf of participants and their family members not identified above.
 - j. Total is the sum of lines 3a through 3i.
4. *Total Direct Expenditures is the sum of lines 1e, 2g, and 3j.*
5. *Administration Expenditures (County Mental Health Department only)*
- a. Existing Administration - For expansion of an existing program, enter the amount of existing county administration allocated to this program. This could include both SD/MC and non-SD/MC administration. It is recommended that counties allocate existing administration expenditures to individual programs based on the percentage of direct expenditures budgeted for each program.
 - b. New Administration - Enter the amount of new county administration expenditures budgeted for this program. Allowable administration costs include the additional costs of managing contract providers and other governmental agencies, data processing (excluding procurement of an information system), legal services, personnel administration, and any other costs involved in the general implementation, oversight and management of services under the MHSA. Counties should allocate new administration expenditures to the proposed MHSA programs based on the percentage of direct expenditures (line 4) each program comprises of the sum of all county MHSA programs.
 - c. Total Administration - Enter the sum of lines 5a and 5b. This amount cannot exceed 15% of direct expenditures (the total on line 4).
6. **Total Proposed Budget is the sum of lines 4 and 5c.**
7. **Estimated Number of Participants to be Enrolled or Served**
- a. Existing Participants - For expansion of an existing program, enter the number of participants currently served by the program.
 - b. New Participants - Enter the number of new participants estimated to be enrolled in (for enrolled member services) or served by (for system capacity services) the program.
 - c. Total Participants to be Enrolled or Served - Enter the sum of lines 7a and 7b.
8. **Proposed Budget per Member per Month is line 6 divided by line 7c divided by 12 months.**

B. REVENUES

- 1. *Existing Revenues* - For expansion of an existing program, enter current estimated revenues by type of revenue. It is recommended that the fiscal year 2003-04 cost report inflated by the home health agency market basket index (3.4%) be used as a basis for estimating revenues. Increases in services (i.e., EPSDT) should also be considered as well as the fiscal year (i.e., budgets for fiscal year 2005-06 should include two years of inflation). Counties should maintain documentation on how revenues are estimated. At a minimum, total existing revenues must equal the current personnel costs on line A1av plus the costs of existing administration on line 5a.
 - a. Medi-Cal - Enter the estimated Federal Financial Participation (FFP) for the program, including FFP generated for Medi-Cal Administrative Activities (MAA).
 - b. Medicare/Patient Fees/Patient Insurance - Enter the revenues anticipated to be collected from Medicare, patient fees and patient insurance.
 - c. Realignment - Enter the amount of realignment revenues estimated to be used in providing existing services under this program.
 - d. State General Funds - Enter the amount of State General Funds estimated to be used to fund this program, including EPSDT and AB2034.
 - e. County Funds - Enter the amount of County funds estimated to be used to fund existing services under this program.
 - f. Grants - Enter estimated grant revenues to be received in providing services under this existing program.
 - g. Other Revenue - Enter any other revenue estimated to be received to cover the costs of providing existing services under this program.
 - h. Total Existing Revenues - Enter the sum of lines 1a through 1g.
 - 2. *New Revenues* - Enter the amount of revenues expected to be generated in providing new or expanded services under this program. Many of the services and costs under the MHSA are eligible for Medi-Cal, Medicare and other reimbursement. Counties should attempt to estimate revenues that would off-set MHSA program expenditures using the proposed budget amounts from Section A.
 - a. Medi-Cal - Enter the estimated Federal Financial Participation (FFP) to be generated by the program, including FFP generated for Medi-Cal Administrative Activities (MAA).
 - b. Medicare/Patient Fees/Patient Insurance - Enter the revenues anticipated to be collected from Medicare, patient fees and patient insurance.
 - c. State General Funds - Enter the amount of EPSDT State General Funds estimated to be generated by this program.
 - d. Other Revenue - Enter any other revenue estimated to be received to cover the costs of providing new or expanded services under this program.
 - e. Total New Revenues - Enter the sum of lines 2a through 2d.
3. **Total Revenues is the sum of lines 1h and 2e.**

C. START-UP AND ONE-TIME EXPENDITURES - Enter start-up and one-time implementation expenditures for a program. Provide a detailed description of these expenditures in the budget narrative. Note that costs should not be incurred until approval of the Program and Expenditure Plan.

D. TOTAL FUNDING REQUIREMENTS - Equals the total proposed budget (line A6) less total estimated revenues (line B3) plus start-up and one-time expenditures (line C). This reflects the amount of funding requested for this program under the MHSA.

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County(ies): _____

Fiscal Year: _____

Type of Funding: _____

Date: _____

Focus Population: _____

Page ____ of ____

Program: _____

New Program or Expansion: _____

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures				
a. Current Positions to Provide Existing Services				
i. Number of FTEs				0.0
ii. Salaries, Wages and Overtime				\$0
iii. Bi-Lingual Pay Supplement				\$0
iv. Employee Benefits				<u>\$0</u>
v. Total	\$0	\$0	\$0	\$0
b. Redirected Positions to Provide MHSA Services				
i. Number of FTEs				0.0
ii. Salaries, Wages and Overtime				\$0
iii. Bi-Lingual Pay Supplement				\$0
iv. Employee Benefits				<u>\$0</u>
v. Total	\$0	\$0	\$0	\$0
c. New Positions to Provide MHSA Services				
i. Number of FTEs				0.0
ii. Salaries, Wages and Overtime				\$0
iii. Bi-Lingual Pay Supplement				\$0
iv. Employee Benefits				<u>\$0</u>
v. Total	\$0	\$0	\$0	\$0
d. Consumer/Family Positions				
i. Number of FTEs				0.0
ii. Total Salaries, Wages and Benefits				<u>\$0</u>
e. Total Personnel Expenditures	\$0	\$0	\$0	\$0
2. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Other Operating Expenses				<u>\$0</u>
g. Total Operating Expenditures	\$0	\$0	\$0	\$0
3. Support Expenditures				
a. Clothing				\$0
b. Food				\$0
c. Travel and Transportation				\$0
d. Housing - Master Leases				\$0
e. Housing - Subsidies				\$0
f. Housing - Motel Vouchers				\$0
g. Housing - Other				\$0
h. Other Vouchers				\$0
i. Other Support Expenditures				<u>\$0</u>
j. Total Support Expenditures	\$0	\$0	\$0	\$0
4. Total Proposed Direct Expenditures	\$0	\$0	\$0	\$0
5. Administration Expenditures				
a. Existing Administration				\$0
b. New Administration				<u>\$0</u>
c. Total Administration Expenditures	\$0			\$0
6. Total Proposed Budget	\$0	\$0	\$0	\$0
7. Estimated Number of Participants to be Enrolled or Served				
a. Existing Participants				0
b. New Participants				<u>0</u>
c. Total Participants to be Enrolled or Served	0	0	0	0
8. Proposed Budget per Member per Month	\$0.00	\$0.00	\$0.00	\$0.00

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County(ies): _____ Fiscal Year: _____

Type of Funding: _____ Date: _____

Focus Population: _____ Page ____ of ____

Program: _____ New Program or Expansion: _____

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
B. Revenues				
1. Existing Revenues				
a. Medi-Cal				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. Start-up and One-Time Implementation Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$0	\$0